

A Letter Written to the Forum Page, Straits Times, in Response to the Letter

“Only Pharmacists Should Be Allowed to Dispense Medicine” *By Dr Boon Seng Poh*

Editor's Note:

The following letter was originally addressed to the Editor, Forum Page, Straits Times, and copied to SMA on 16 April 2001. To-date, it has not been published in the Straits Times. However, Dr Boon Seng Poh has given permission to SMA to reproduce his letter. Dr Boon obtained his MBBS from the National University of Singapore in 1994. He is currently a GP with a group practice in Singapore.

TO: EDITOR, FORUM PAGE, THE STRAITS TIMES

DEAR SIR,

I refer to the letter ‘Only pharmacists should be allowed to dispense medicine’ by Sylvia Beh Shiou Wen (ST April 13). There have been three letters, so far, published in your page arguing for pharmacists-only dispensing. I hope this one will give your readers a more balanced view.....

It is true that some patients in Singapore tend to doctor-hop. However this does not apply to all patients. Besides, Singaporean patients are getting smarter and more knowledgeable with regards to modern medicine and are ever increasingly aware of potential harms from medicament. Hence, it has been observed that patients bring along the actual medications or at least bring a list of previous medications when they visit a new doctor. Also, it is the duty of every diligent doctor to obtain a medication history as part of the consultation process, whenever relevant. I even know of careful doctors who actually insist that the relative accompanying the patient return home to collect and show the medications a patient is using even before any prescribing.

Just as a patient has the right to doctor-hop, he is free to choose any pharmacist he prefers. If he dislikes one, he will surely visit a different one the next time. How is a pharmacist's record going to help especially when there is competing commercial interest between the various pharmacies? On the otherhand, there are already plans for hospitals and GPs to share a common database and I think NUH already has implemented one.

Clinic assistants work under direct supervision of their respective doctors who have their own rules governing the request from patients to repeat their medication. The rules are within the legal provisions governed by the Acts. Furthermore, repeat medications are usually allowed for chronic illness only and there is usually a time restriction after which repeating over the counter is no longer allowed and the patient needs to be seen by the doctors for assessment before any further dispensing.....

The writer might not know that many full-time clinic assistants actually hold healthcare certificates in clinic dispensing that are conducted nationally and are awarded NTC status..... Their job is akin to pharmacist assistants in the hospital who very often dispense drugs and advise on them in the absence of the pharmacist. Drop by most A&E departments after office hours and you most likely would be dispensed by a pharmacist assistant.

Every doctor chooses and prescribes medication that he is particularly well-versed in. He stocks only medications that he knows, uses and has faith in. This actually reduces the risk of prescription errors by limiting the number of medication items available for dispensing. Lengthening and complicating the dispensing process will open more rooms for prescription errors..... Furthermore, the doctor is always at hand should any clarification be needed. If any pharmacy wants to cater to the needs of all the practitioners and patients, it will need to stock virtually all medications available in Singapore. An estimate of all approved medications in Singapore could well reach several thousands. Many medications have very similar names. It has been well reported, in the US, that one common cause of medication errors is that the dispensing pharmacist misread the name of the medication. All these are avoided when the doctor dispenses his own medication.

When a doctor dispenses his own medications, his patient is also able to almost immediately consume the medications and benefit from earlier resolution of his ailments. Why should a suffering patient be subjected to having to go the extra distance and spending extra time before he is allowed to benefit from his medications? The patient will also be likely to have to spend more because I am sure the cost of consultation will go up should the doctor charge a prescription fee on top of the cost of medications that the patient needs to pay for at the pharmacy.

..... To stock medications means extra cost outlay for the clinic. There is also potential loss to the doctor as the medications will be useless once past the expiry date. Besides, he will also have more inventories to manage. It is a burden to his business cost. However, most doctors continue to do so as a way of service to his patients and partly also to supplement the very low consultation fees that patients enjoy.

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The doctor dispensing medication to his own patients is also practised in many other countries and it has served the people well for as long as our nation existed..... We should not want to change anything just because something different is being done in the more developed countries. Instead we should adopt and appreciate things that are truly good for the people. Surely, if a doctor knows enough to make a medication order, he must be trusted to be able to dispense his own order too.

Can the pharmacy cope? There are about 1,500 GPs in Singapore. Let us assume a GP sees an average of 60 patients in one day. There will be about 90,000 scripts. A check in the directory reveals only 106 private pharmacies. Imagine a pharmacy coping with 849 patients in one day and each script usually contains a few items. What can be expected are long waits and huge profits for the pharmacy..... This covers only the GP's prescription, add those from the specialists and it will be mayhem.

In fact, currently, a patient may ask his doctor for a script if he chooses to fill it at any pharmacy instead of obtaining the medications from the doctor directly. Curbing dispensing to pharmacists only will be a blow to consumer rights and encourage monopoly in the market.

I applaud the writer and other pharmacists who have raised similar concerns if their motive is purely for the benefit of the people. However, I will be saddened should their intention be for their own business advancement and personal gains.

If indeed the issue at hand is safe dispensing, then improvements should be aimed for within the clinic..... Perhaps, a doctor would physically dispense personally with the relevant instructions, explanations and counselling. It is, therefore, onus on the doctor's part to see that dispensing is not relegated to inexperienced and ill-trained assistants..... In a holistic approach to patient management, medication is most appropriately explained to the patient by his doctor who not only knows the medication but, most importantly, the patient. It has been very well said in an earlier letter from the Ministry of Health with regards to medication leaflets that some medications' adverse effects are very remote and by alerting the patient unnecessarily could actually jeopardise his compliance and compromise treatment results. Again, by knowing the patient well, including his personality, the doctor will be the best person to make a judgement call on how to go about giving advice on medication.

Thus, it is foolish to suggest limiting dispensing to only pharmacists. The only party to gain, I am afraid, will be the pharmacists and their pharmacy business. The focus should be on safe dispensing and not about who will dispense.

By the way, it is well observed that many pharmacy displays, promote, sell and even sometimes advise on TCM formulary in the store. Are pharmacists trained in areas of herbal remedy and TCM to be able to offer such service? Is it not more sinful and dangerous compared to clinic assistants dispensing western formulary under supervision? ■

YOURS SINCERELY,
BOON SENG POH

Copy to: Director of Medical Service MOH, President SMA, President CASE, President PSS